

Cultural Exchange Institute
CEI-COSTA RICA GENERAL APPLICATION
434.825.0962 | info@culturalexchangeinstitute.org

This application is required for everyone who wishes to participate in a CEI program as a student, intern or instructor. **Please print.**

Last Name: _____

First Name: _____

I am applying to be an:

Instructor Intern Student

I am applying for:

Fall Spring Summer Winter

Date of Birth: _____ Gender: Female Male

Citizenship: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: (cell) _____ (home) _____

Primary Email: _____

Secondary E-mail: _____

Education:

Major: _____

Major: _____

Minor: _____

Minor: _____

Cumulative GPA: _____ Expected graduation date: _____

Current standing:

Freshman Sophomore Junior Senior Graduate

How many U.S. semester credits do you plan to earn during your study abroad? _____

Do you plan to use the credit toward degree requirements? YES NO

Do you plan to use financial aid? YES NO

Have you filed a FAFSA for the study abroad period? ___ YES ___ NO

Do you have a passport valid 6 months after the program ends? ___ YES ___ NO

Passport Number: _____ Expiration Date: _____

Which of the following most influenced your decision to apply for this particular study abroad program? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Degree Requirements | <input type="checkbox"/> Educational Goals | <input type="checkbox"/> Faculty member |
| <input type="checkbox"/> Academic Adviser | <input type="checkbox"/> Affordability | <input type="checkbox"/> Academic challenge |
| <input type="checkbox"/> Language study | <input type="checkbox"/> Personal growth | <input type="checkbox"/> Career enhancement |
| <input type="checkbox"/> Other: | | |

Where did you first hear about study abroad at CEI? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Study Abroad Fair | <input type="checkbox"/> Study Abroad Office | <input type="checkbox"/> Former Participant CEI |
| <input type="checkbox"/> Study Abroad website | <input type="checkbox"/> Friend | <input type="checkbox"/> Professor/Advisor |
| <input type="checkbox"/> Classroom presentation | <input type="checkbox"/> CEI Brochure | <input type="checkbox"/> Dorm presentation |
| <input type="checkbox"/> Program posters | <input type="checkbox"/> Department/College E-mail from Study Abroad Office | |
| <input type="checkbox"/> Other website: (please specify) | _____ | |
| <input type="checkbox"/> Advertisement (please specify) | _____ | |
| <input type="checkbox"/> Other: | | |

Optional Information

Please indicate racial/ethnic background by checking all that apply.

- Asian or Pacific Islander
- White, non-Hispanic
- American Indian or Alaska native
- Black, non-Hispanic
- Hispanic
- Prefer not to answer
- Multiracial (please specify) _____
- Other: (please specify) _____

References

Please list the name, telephone number and e-mail of two references who may be contacted regarding your participation. At least one must be a faculty member you have studied with. (Do not list friends or family members)

Last Name: _____
First Name: _____
Professor of: _____
Phone: _____ E-mail: _____

Last Name: _____
First Name: _____
Professor of: _____
Phone: _____ E-mail: _____

EMERGENCY CONTACT

I give CEI permission to communicate with my parents and/or other individuals listed below regarding all issues surrounding my study abroad experience. This information may include, but is not limited to, student account information, student conduct issues, health and safety issues, emergency situations, or academics.

Name: _____
Relationship to you: _____
Work phone: _____
Home phone: _____
Cell phone: _____
Fax: _____
E-mail: _____

Secondary Contact (if your parent or guardian cannot be reached)

Name: _____
Relationship to you: _____
Work phone: _____
Home phone: _____
Cell phone: _____
Fax: _____
E-mail: _____

I do not give CEI permission to communicate with my parents. Please contact the person listed below regarding all issues surrounding my study abroad experience instead.

Name: _____
Relationship to you: _____

Work phone: _____

Home phone: _____

Cell phone: _____

Fax: _____

E-mail: _____

Applicant Signature: _____

Applicant Name: (Printed) _____

Date: _____

STUDY ABROAD HEALTH INSURANCE COVERAGE FORM

As a participant in a CEI study abroad program, I acknowledge and accept the CEI policy that requires me to have adequate health insurance for the time that I am abroad. Therefore I elect one of the following options:

___ I have health insurance through the study abroad program in which I am participating.

___ I (we) release and discharge CEI, its employees and agents from any obligations I (we) may incur as a result of illness or injury while I am (our student is) abroad.

Signature: _____

Date: _____

Parent/Guardian Signature (if participant is under age 18):

Date: _____

PARTICIPANT CONDUCT FORM

Name of Applicant: _____

Email Address: _____

Primary Phone: _____

Are you currently or have you ever been in violation of CEI Code of Conduct (including alcohol violations, academic integrity, probation, disciplinary probation, etc.) Yes: _____ No: _____

If the answer to any of the above is “yes,” please explain in detail the case, duration, and terms of your violation in the space provided below. Attach additional pages if necessary.
Explanations/Additional Comments:

Note: The presence of an academic/conduct file does not automatically disqualify a student from study abroad with CEI but will be considered in the admissions review.

PARTICIPANT CONDUCT AGREEMENT TRAVEL RELATED EVENT OR ACTIVITY

I acknowledge that while participating in the CEI Event/Activities, I am representing CEI and the organization sponsoring/hosting the Event/Activity. As a responsible member of CEI and University communities, I understand that I am expected to conduct myself in a manner consistent with the rules and regulations of the CEI, the University and the sponsor/host organization as well as all applicable federal and state laws. I also understand that any violation of these rules, regulations or laws may result in my expulsion from the Event/Activity and/or further disciplinary action by CEI. If I am expelled from the Event/Activity, I understand and agree that CEI will not be held responsible for any financial loss I may incur, including but not limited to those incurred as a result of paid registration fees, travel expenses, legal expenses, personal damages, or other expenses related to my participation in this Event/Activity and my violation of this student conduct agreement (“Agreement”).

By signing this Agreement, I further agree that I will not participate in the following activities while at the Event/Activity:

- Use, possession or distribution of alcohol and/or facilitating the use, possession or distribution of alcohol by any underage individual.

- Use, possession, or distribution of any illegal or illicit drug.

- Sexual assault, sexual harassment or indecent exposure. Sexual assault is defined as the implied use or threatened use of force to engage in any sexual activity against another person’s will.

- Behavior that threatens the emotional or physical well-being and/or safety of participants including but not limited to any form of fighting.

- Unauthorized use of any fire safety equipment, including the activation of alarms or extinguishers without immediate cause.

- Possession of any weapons.

• Failure to attend any planned event/activity without the approval of my faculty/staff supervisor.
Process The on-site director or staff will review any alleged violations of this Agreement to determine the need for any immediate disciplinary action. The CEI student discipline and student grievance processes will be followed upon the student participant's return to campus.
I acknowledge that I have read, understand and agree to abide by this Agreement.

Participant Signature _____

Date: _____

RELEASE OF LIABILITY PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue CEI; the Trustees of CEI, and their employees, officers, directors, volunteers and agents (collectively "CEI") from any and all claims, including claims of CEI's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity. I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity. I agree to hold CEI harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If CEI incurs any of these types of expenses, I agree to reimburse CEI. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing CEI from all liability, (b) promising not to sue CEI, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of Virginia. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Minor Participant's Name: _____

Signature of Minor Participant's Parent/Guardian _____

Name of Minor Participant's Parent/Guardian (print): _____

Date: _____